

**Statement of Organization  
Recipient Committee**

Statement Type

☐ Initial

Not yet qualified ☐ or

☐ Amendment

List I.D. number:

# 1371704

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date qualified as committee  
(if applicable)

☒ Termination – See Part 5

List I.D. number:

# 1371704

12 / 10 / 2014  
Date of Termination

Date Stamp In the office of the Secretary of of the State of California JAN 05 2015	<b>CALIFORNIA FORM 410</b> For Official Use Only <b>City Clerk's Office</b> JAN 20 2015 <b>RECEIVED</b>
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**1. Committee Information**

NAME OF COMMITTEE

Milpitas Voters Against Measure E

STREET ADDRESS (NO P.O. BOX)

820 Kizer Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	CA	95035	(408)263-8714

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Santa Clara County

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Milpitas

Attach additional information on appropriately labeled continuation sheets.

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Michael S. McInerney

STREET ADDRESS (NO P.O. BOX)

820 Kizer Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	CA	95035	(408)263-8714

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
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NAME OF PRINCIPAL OFFICER(S)

Michael S. McInerney

STREET ADDRESS (NO P.O. BOX)

820 Kizer Street

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Milpitas	CA	95035	(408)263-8714

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 01/01/2015 By Michael S. McInerney  
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_ By \_\_\_\_\_  
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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**Statement of Organization  
Recipient Committee**

Statement Type

☒ Initial

Not yet qualified ☐ or

☐ Amendment

List I.D. number:

# \_\_\_\_\_

09 / 16 / 2014

Date qualified as committee

☐ Termination – See Part 5

List I.D. number:

# \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Termination

Date Stamp

CITY CLERK'S OFFICE

SEP 18 2014

RECEIVED

**CALIFORNIA  
FORM 410**

For Official Use Only

**1. Committee Information**

NAME OF COMMITTEE

Milpitas Voters Against Measure E

STREET ADDRESS (NO P.O. BOX)

820 Kizer Street

CITY STATE ZIP CODE AREA CODE/PHONE

Milpitas CA 95035 (408)263-8714

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

COUNTY OF DOMICILE

Santa Clara County

JURISDICTION WHERE COMMITTEE IS ACTIVE

City of Milpitas

**2. Treasurer and Other Principal Officers**

NAME OF TREASURER

Michael S. McInerney

STREET ADDRESS (NO P.O. BOX)

820 Kizer Street

CITY STATE ZIP CODE AREA CODE/PHONE

Milpitas CA 95035 (408)263-8714

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

Michael S. McInerney

STREET ADDRESS (NO P.O. BOX)

820 Kizer Street

CITY STATE ZIP CODE AREA CODE/PHONE

Milpitas CA 95035 (408)263-8714

**3. Verification**

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 09/16/2014  
DATE

By

Michael S. McInerney

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on \_\_\_\_\_  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on \_\_\_\_\_  
DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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DATE

By

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Attach additional information on appropriately labeled continuation sheets.

FPPC Form 410 (Dec/2012)

FPPC Advice: advice@fppc.ca.gov (866/275-3772)

www.fppc.ca.gov

Statement of Organization  
Recipient Committee

INSTRUCTIONS ON REVERSE

CALIFORNIA  
FORM 410

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COMMITTEE NAME

Milpitas Voters Against Measure E

I.D. NUMBER

- All committees must list the financial institution where the campaign bank account is located.

AREA CODE/PHONE

(408)719-6853

CITY

Milpitas

CA

95035

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT

ELECTIVE OFFICE SOUGHT OR HELD  
(INCLUDE DISTRICT NUMBER IF APPLICABLE)

YEAR OF ELECTION

PARTY

☐ Nonpartisan

☐ Nonpartisan

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)

CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION  
(INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)

CHECK ONE

SUPPORT

OPPOSE

Measure E: Milpitas Eco Sustainability & Stabilization Act

Milpitas California

☐

☒

SUPPORT

OPPOSE

FPPC Form 410 (Dec/2012)

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